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|--|------|------------------------------------|--|--|---|---------------------|--|
| DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-3698A (Rev. 10-89) | | | ASSIGNMENT DATA | | | | |
| L76A | SSN | NAME (Last, First, Middle Initial) | | | RATE/RANK | UNIT (Staff Symbol) | |
| CHOICE | AREA | OPFAC | MODOP | OBC | UNIT NAME/DESCRIPTION | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| LEAST DESIRED AREA OPFAC | | | ASSIGNMENT CONSIDERATIONS | | MEMBER'S COMMENTS | | |
| 1 | | | AVAILABLE FOR UNACCOMPANIED TOUR | | | | |
| 2 | | | MEDICAL, SPECIAL EDUCATION, OR OTHER SPECIAL NEEDS | | | | |
| TOUR COMPLETION DATE | | Year Month | FLIGHT SCHOOL REQUEST SUBMITTED | | | | |
| TRANSFER DESIRED AFTER | | | SELECTED FOR PG TRAINING, AWAITING ASSIGNMENT | | | | |
| DATE OF LAST SERVICE WIDE EXAM | | | CAREER INTENTIONS | | | | |
| TELEPHONE (Area Code) - Number Work () - Home () - | | EXTEND/REENLIST | | NOT APPLICABLE <input type="checkbox"/> | | | |
| | | INTEGRATE | | | | | |
| | | RETIRE | | | | | |
| | | DISCHARGE | | | | | |
| | | UNDECIDED | | | | | |
| | | Year Month DATE | | | | | |
| DEPENDENT INFORMATION | | | | | | | |
| MARRIED | | CHILDREN | | | | | |
| NOT MARRIED | | AGE | GENDER | AGE | GENDER | | |
| ACTIVE DUTY SPOUSE | | | | | | | |
| COAST GUARD | | | | | | | |
| NAVY | | | | OTHER | | | |
| AIR FORCE | | | | | | | |
| MARINES | | ACTIVE-DUTY SPOUSE SSN | | | | | |
| ARMY | | | | | | | |
| DEPENDENT'S ADDRESS (If Different Than Member's) | | | | | | | |
| MEMBER'S SIGNATURE | | | | | | | |
| DATE | | | | | | | |
| COMMANDING OFFICER'S RECOMMENDATION (For Enlisted Members Only) | | | | | | | |
| FORWARDING ENDORSEMENT | | | SPECIAL OR INDEPENDENT DUTY (IF APPLICABLE) | | COMMANDING OFFICER'S COMMENTS ON PAGE 2 | | |
| APPROVED | | | | | | | |
| CONDITIONAL * | | | RECOMMENDED * | | <input type="checkbox"/> YES | | |
| DISAPPROVED * | | | NOT RECOMMENDED * | | *COMMENTS REQUIRED | | |
| NAME AND SIGNATURE | | | | | DATE | | |
| MEMBER RESIDENCE ADDRESS (Returns copy after PERSRU data entry) | | | | | PERSRU VALIDATION | | |
| NAME STREET CITY STATE ZIP | | | | | PRIVACY ACT STATEMENT This information is requested under the authority of 37 USC 403 to determine future reassignment preferences. Disclosure of this information is voluntary. Failure to provide it could adversely affect job assignment opportunities. | | |
| TYPE QUARTERS OWN RENT GOVT MOBILE | | | | | | | |